


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000028029 1. Entity Name RIGHT ANGLES OF POMPANO, INC.	
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 7485 WEST 2ND CT. HIALEAH, FL 33014	Mailing Address 7485 WEST 2ND CT. SUITE C HIALEAH, FL 33014
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0827303	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required
----------------------------------------------------------------------	-------------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RUMORE, C. ANTHONY ESQ. 540 EAST MCNAB RD., STE C POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VENEREO, DANIEL 17641 NW 88TH AVE. HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000302932
04/13/05-00091-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-11-05** **786-251-0505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #